

## TAROLLI, SUNDHEIM, COVELL, TUMMINO & SZABO

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(216) 621-2234

Attorney Docket No. BON-4363

**INELL MAHONE** 



**PATENT** 

Commissioner o Washington, D.C	f Patents and Trademarks							
•	NEW APPLICATION TRANSMITTAL							
Transmitted herewith PETER M.	n for filing is the patent application of Inventor(s):  BONUTTI							
For (title): TRAC	or (title): TRACHEAL INTUBINATION							
Enclosed are:	d for Filing Date Under 37 CFR 1.53(b):							
3 5	es of specification							
Gazari .	ges of Abstract							
11 2	ges of claims							
She	eets of drawing							
$\boxtimes$	formal							
	informal							
In addition to	the above papers there is also attached:							
$\boxtimes$	Information Disclosure Statement							
$\boxtimes$	References Cited							
	CERTIFICATION UNDER 37 CFR 1.10							
being deposited with as "Express Mail Po	this New Application Transmittal and the documents referred to as enclosed therein are the United States Postal Service on this date of DECEMBER 1, 2000 in an envelope set Office to Addressee" Mailing Label Number of Patents and Trademarks, Washington D.C. 20231							

(Type or print name of person mailing paper)

(Signature of person mailing paper)

2. [	Declaration or oath:								
	$\boxtimes$	Enclosed (UNEXECUTED)							
		Not	Enclosed.						
3. I	Langu	ıage:							
	$\boxtimes$	Eng	llish						
		Nor	n-English						
		A v	erified English	translation of the					
ž.			specification	and claims					
			declaration						
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4	Assig	ınmeı	nt:						
The first from		An assignment of the invention to							
11			is attached.						
			will follow.						
5_	Certit	fied (	Copy:						
				Certified copy(ies) of application	(s)				
	(Co	ountry)		(appln. no.)	(filed)				
	(Co	ountry)		(appln. no.)	(filed)				
	(Country)			(appln. no.)	(filed)				
fror	n whic	ch pric	ority is claimed						
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EXPRESS MAIL LABEL NO. EF163919645US

6. Fee Calculation:

(Small entity filing fee is 50% normal fee)

				CLAIMED AS	FILED					
Number Filed		Number Extra		Rate			Basic Fee <b>\$355.00</b>			
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Multi	ple de	pendent claim(s), if any	+							
•	☐ Ar	nendment canceling ex	dra claims encl	osed						
	☐ Ar	nendment deleting mul	tiple dependen	cies enclosed						
Number of the second	□Fe	ee for extra claims is no	ot being paid at	this time						
			J 1		Filing F	ee Calculation	\$	3,193.00		
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<b>8</b> ↓↓		Payment Being Mad	le At This Tim	e:						
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T.	$\boxtimes$	basic filing fee					\$	3,193.00		
		assignment recordal	fee				\$			
		for processing an ap	plication with a	specification in	n a non-Engl	ish language	\$			
					Total f	ees enclosed	\$	3,193.00		
9.	Met	hod of Payment of F	ees:							
	$\boxtimes$	check in the amount	of \$ <b>3,19</b>	3.00 is	enclosed.					
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10.	Inst	tructions As to Over	payment:		$\wedge$			4		
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		I, SUNDHEIM, CO	VELL,	SIC	SNATURE O	F ATTORNEY, R	eg. No _	24,042		
		IO & SZABO DER BUILDING								
CLE	CLEVELAND, OHIO 44114-1400			<del></del>	CALVIN G. COVELL					
Tel No. (216) 621-2234				الا	Type or print name of attorney					

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